

(Check all that apply.)

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with Ecology or with County Conservancy Boards

FOR OFFICE USE ONLY

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

☐ Change purpose(s) of use ☐ Add purpose(s) of use ☐ Change point(s) of diversion/withdrawal ☐ Add point(s) of diversion/withdrawal ☐ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust water)	C F	CHANGE No. COLUMN 157 DATE ACCEPTED 03 16 EE \$ 60 PRECEDENCE RECEDENCE NO. 1254	14, 01 BY 30 1 BY 30 1
Explain:			
		EPA: Exempt 0	Not exempt
IF MORE SPACE IS NEEDED, ATTACH A 1. Applicant Information:	ADDITIONAL SHI	EETS (PLEASE PRINT OR	TYPE CLEARLY)
APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO.
Peshastin Water District		(509) 548-7537	()
ADDRESS P.O. Box 751		1,000/ 040 /00/	
CITY		STATE	ZIP CODE
Peshastin		WA	98847
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
Jim Weaver, member board of dire	atona	()see above	()
ADDRESS same as above	ctors	/see above	
CITY		STATE	ZIP CODE
2. Water Right Information: WATER RIGHT OR CLAIM NUMBER Claim Registry No. 157057 DO YOU OWN THE RIGHT TO BE CHANGED? A YES DING		NAME(S) Lty Water Ass'n	
IF NO, PROVIDE OWNER(S) NAME: currently organized as Peshastin Wat HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAS	er District		
Please attach copies of any documentation that of was established. Also, if you have a water system application. Statement of use is include	m plan or cons	ervation plan, please i	include a copy with you
FOR O	FFICE USE ON	LY WRC 15703	57
APP. NOPERMIT NO	CERT. NO	CERT. OF CHAN	IGE NO

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
a well	S01	NE	SE	17	24N	18EWM		

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
See Attachment.								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: YES NO PROPOSED: X YES X NO - IF NO, PROVIDE OWNER(S) NAME:

See Attachment.

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. Well reports are attached.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
domestic	250 gpm	approx. 85	January 1- December 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
municipal use	250 gpm	85	no change

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Sec. 16; E¹/₂ Sec. 17; NE¹/₄ Sec. 20; NW¹/₄ Sec. 21 Township 24 North, Range 18 East W.M.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
			24N	18EWM	Chelan	various	

		LEGAL DES	CRIPTION OF L	ANDS WHERE NEW USE IS	S PROPOSED:	
Area served	by the I	Peshasti	n Water Di	strict as descri	bed by the most r	ecent water
vstem plan	approved	bv the	Washingto	n Department of B	Health.	
The second second						
1/4 1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
1/4 Y4	SEC.		·			# OF ACRES

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map. Map is attached.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

YES D NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): Changes requested concurrently on WRC 112962, 157057, 157058; GWC Nos. 6890-A, 1022-D, 1023-D. There may be other rights of record within the place of use. 6. Remarks and Other Relevant Information: See Attachment. IF FOR SEASONAL OR TEMPORARY, START DATE ____/___ END DATE ____/____ 7. Signatures: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me. for Peshastin Water District *see below note (Water Right Holder) *see below note (Land Owner(s) of Existing Place of Use) *Permission has been granted by the owner for Peshastin Water District to proceed with this change application. IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE. WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE □ ADDITIONAL SIGNATURES REQUIRED □ SECTION ______ IS INCOMPLETE OTHER/EXPLANATION: STAFF: _____/__/__

Peterson Law Office

103 Palouse, Suite 31 Wenatchee, WA 98801



3/7/01

Sandy Anderson Water Resources Program Department of Ecology 15 West Yakima Avenue, Suite 200 Yakima WA 98902

Re: Peshastik

Dear Sandy,

Thank you for requesting original signature pages for each of the six water rights transfers for Peshastin Water District (see attached for numbers) I understand that this will allow you to finish your processing.

Thanks,

Mark Peterson

Wart

(p. S. please note Declarations of support from water Right Owners in application Materials)

Phone: (509)667-8097 Fax: (509)662-5354 mtp@dellnet.com

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See Attachment.	
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OR SEASONAL OR TEMPORARY, START DATE/END	DATE/
Signatures:	
I certify that the information above is true and accurate	a da dha baad af aan baan da da a da ah da ah ah
preparation of the above application, I understand that rests with me.	an responsionity for the accuracy of the infi
* Chan & Mon	3 18 100
(Applicant)	(Date)
by: Owas L. Morsemantor	r Peshastin Water District
same	
(Water Right Holder)	(Date)
water purveyor	/ /
(Land Owner(s) of Existing Place of Use)	(Date)
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